

# HOUSE OF REPRESENTATIVES—Monday, October 18, 1999

The House met at 12:30 p.m. and was called to order by the Speaker pro tempore (Mr. BALLENGER).

## DESIGNATION OF SPEAKER PRO TEMPORE

The SPEAKER pro tempore laid before the House the following communication from the Speaker:

WASHINGTON, DC,  
October 18, 1999.

I hereby appoint the Honorable CASS BALLENGER to act as Speaker pro tempore on this day.

J. DENNIS HASTERT,  
*Speaker of the House of Representatives.*

## MESSAGE FROM THE SENATE

A message from the Senate by Ms. McDevitt, one of its clerks, announced that the Senate had passed with amendments in which the concurrence of the House is requested, bills of the House of the following titles:

H.R. 659. An act to authorize appropriations for the protection of Paoli and Brandywine Battlefields in Pennsylvania, to direct the National Park Service to conduct a special resource study of Paoli and Brandywine Battlefields, to authorize the Valley Forge Museum of the American Revolution at Valley Forge National Historical Park, and for other purposes.

H.R. 2990. An act to amend the Internal Revenue Code of 1986 to allow individuals greater access to health insurance through a health care tax deduction, a long-term care deduction, and other health-related tax incentives, to amend the Employee Retirement Income Security Act of 1974 to provide access to and choice in health care through association health plans, to amend the Public Health Service Act to create new pooling opportunities for small employers to obtain greater access to health coverage through HealthMarts; to amend title I of the Employee Retirement Income Security Act of 1974, title XXVII of the Public Health Service Act, and the Internal Revenue Code of 1986 to protect consumers in managed care plans and other health coverage; and for other purposes.

The message also announced that the Senate insists upon its amendment to the bill (H.R. 2990) "An Act to amend the Internal Revenue Code of 1986 to allow individuals greater access to health insurance through a health care tax deduction, a long-term care deduction, and other health-related tax incentives, to amend the Employee Retirement Income Security Act of 1974 to provide access to and choice in health care through association health plans, to amend the Public Health Service Act to create new pooling opportunities for small employers to ob-

tain greater access to health coverage through HealthMarts; to amend title I of the Employee Retirement Income Security Act of 1974, title XXVII of the Public Health Service Act, and the Internal Revenue Code of 1986 to protect consumers in managed care plans and other health coverage; and for other purposes," requests a conference with the House on the disagreeing votes of the two Houses thereon, and appoints Mr. JEFFORDS, Mr. GREGG, Mr. FRIST, Mr. HUTCHINSON, Mr. NICKLES, Mr. GRAMM, Mr. ENZI, Mr. KENNEDY, Mr. DODD, Mr. HARKIN, Ms. MIKULSKI, and Mr. ROCKEFELLER, to be the conferees on the part of the Senate.

The message also announced that the Senate has passed bills of the following titles in which concurrence of the House is requested:

S. 548. An act to establish the Fallen Timbers Battlefield and Fort Miamis National Historical Site in the State of Ohio.

S. 762. An act to direct the Secretary of the Interior to conduct a special resource study to determine the national significance of the Miami Circle site in the State of Florida as well as the suitability and feasibility of its inclusion in the National Park System as part of Biscayne National Park, and for other purposes.

S. 938. An act to eliminate restrictions on the acquisition of certain land contiguous to Hawaii Volcanoes National Park, and for other purposes.

## MORNING HOUR DEBATES

The SPEAKER pro tempore. Pursuant to the order of the House of January 19, 1999, the Chair will now recognize Members from lists submitted by the majority and minority leaders for morning hour debates. The Chair will alternate recognition between the parties, with each party limited to 30 minutes, and each Member, except the majority leader, the minority leader, or the minority whip, limited to 5 minutes.

The Chair recognizes the gentleman from Oregon (Mr. BLUMENAUER) for 5 minutes.

## PAIN RELIEF PROMOTION ACT OF 1999

Mr. BLUMENAUER. Mr. Speaker, this week H.R. 2260, the so-called Pain Relief Promotion Act will be brought to the floor of this chamber. The bill's supporters say passage will result in more humane treatment of terminally-ill patients. Tragically, they are mistaken.

This bill's passage will do two things. It will overturn Oregon's death with

dignity law, and it will undermine the rights of States to establish medical standards. It also puts law enforcement agencies in the position of second-guessing one of the most difficult medical decisions faced by doctors: how to best alleviate the pain terminally-ill patients suffer, whether or not that treatment involves life-ending decision-making.

Congress is frequently put in a position of judging whether to intervene in the States' decisions. Some judgments are relatively easy to make. For example, we now have reached the point where most people are comfortable with the Federal Government protecting against racial discrimination. Such was not always the case. Many decisions, however, are very much in a gray area, which some choose, unfortunately, to use for political reasons. One such gray area, the issues that affect the end-of-life decisions, is not only difficult but personal.

In my State of Oregon we have struggled, debated, and agonized with this issue throughout the last decades. The end-of-life issue is a very complex one. With the advent of new medical technologies, it is becoming even more challenging. There are a wide range of moral and medical issues associated with end-of-life decisions, but none that require Federal interference. Yet Congress is being asked to pass legislation that would undermine a law passed and subsequently upheld not once but twice by a vote of the citizens of Oregon.

Now, our death with dignity legislation is still a work in progress, but the preliminary evidence suggests that this option may actually reduce the incidence of suicide. Rather than having a flood of people to our State to take advantage of the provisions of the law, it appears that individuals having the knowledge that they, their families, and their doctor can control this situation, gives them a sense of peace and contentment that enables many to move forward, enduring the pain and the difficulty without resorting to taking their own life. It may actually reduce the incidence of suicide.

As Americans struggle with these issues, mostly hidden from public view, it is important that we not have the personal tragedy, that agony, that frustration made more difficult by laws that ignore the range of legitimate medical choices.

There are some very serious technical problems with this legislation. It would interfere with the practice of